	Hoder the Panery	vork Redi	uction Acr	of 1995 no ne	rsons arc	monired to r	U. S. Par	em s	App and Tracer	roved for sark Office	use three; U.S.	nigh 10 DEPAI	PTO: 1/31/2002. O RTMENT OF	/SB/06 (08-00 MB 0651-003 F COMMERC	
U. S. Par Under the Paperwork Reduction Act of 1995, no octsons are required to respond to a collect PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number						
CLAIMS AS FILED - PART I (Culumn 1) (Column 2)									SMALL ENTITY OR SMALL ENTITY						
FOR			NUMBER FILED			NUMBER EXTRA]	RATE	FF	E		RATE	FEE	
HASIC FEE (37 CFR 1.16(a))										5 _		OR		s 770	
TOTAL CLAIMS O7 CPR (L16(e))			1	4 mim	ıs 20 =	*	0	1	x \$	<u>.</u>		OR	x S ==	0	
INDEPENDENT CLAIMS (37 CFR 1.14(b))			3	min	us 3 –	*	0	1	x=	-		OR	x -	0	
MULTIPLE DEPENDENT C			LAIM PRESENT (37 CFR 1.16)			d))	0	1	+	_		OR	+ =	0	
# If the difference in column 1 is less then zero, enter "0" in column 2									TOTA	. (OR	TOTAL	770	
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CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Culumn 3)								SMALI	ENTIT	Y	OR .	SMALL E			
AMENDMENT A		REMA AF	AIMS AINING FER DMENT		NU PREV	THEST MBER VOUSLY ID FOR	PRESENT EXTRA		RATE x S=	AD: TIO: FE	IAL		RATE	ADDI- TIONAL FEE	
	Total (17 CFR 1.16(e))	*	13	Minus	**	20	- 0	1				OR	x \$=	0	
	Independent (37 CFR 1.16(h))	*	2	Minus	***	3	= 0		x			OR OR	x=	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 07 CFR 1.16(d)								+	=		OR	+=	0	
	(Column 1) (Column 2) (Column 3)							ΛI	TOTAL			OR	TOTAL DDIT. FEE	0	
AMENDMENT B		REMA AFT	AIMS AINING TER DMENT		NU PREV	SHEST IMBER IOUSLY IO FOR	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*		Minus	**	· · ·	=	11	x \$=			OR	x \$=		
	Independent 67 CFR 1.16(b))	*	-	Minus	***		=	11	x	=		OR OR	x=		
٧	FIRST PRES	(37 CFR 1.16(d))	11	+	-		OR	+=							
(Column 1) (Column 2) (Column 3)								A	TOTA DDIT. FE			OR	TOTAL ODIT, FEE	0	
AMENDMENT C		REMA	AIMS LINING TER DMBNT		NU PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		Rath	ADI TION FE	IAL		RATE	ADDI- TIONAL PEE	
	Total (37 CFR 1.16(c))	*		Minus	**		=	╽	× \$	-		SO SO	x S=		
	Independent (37 CFR 1.18(b))	*		Minus	***		E4		×=	=		OR OR	×=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 97 CFR 1.16(4)								+	=		OR.	+ <u></u> -]		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													0		

Bartien Hour Statement: This form is estimated to take 0.2 hours to complete. I min will vary depending thom the needs of the individual case, Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Palunt and Trademark Offices, Wighington, DC 2023. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for